

APPLICATION FOR SOUND PERMIT

Date: _____

Name of Company or Organization: _____

Address: _____ Phone# _____
(Street Address, City, Zip)

Name of Person Making Application: _____

Address: _____ Phone# _____
(Street Address, City, Zip)

Operator of Equipment: _____

Address: _____ Phone# _____
(Street Address, City, Zip)

Owner of Equipment
if other than above _____

Address: _____ Phone# _____
(Street Address, City, Zip)

Location of intended
use: _____

Type of Business or
Activity: _____

Date to be used: From: _____ To: _____

Hours: From: _____ To: _____

Wattage of Equipment to be used _____

Noise (in decibels) at 50' 100' 500'
(Directly in front of equipment)

Noise (in decibels) at 50' 100' 500'
(Directly in front of equipment)

Wattage and decibels checked by _____
Land Use Officer

Signature of person making application: _____ Date: _____

DATE	RECEIPT NO.	APPLICATION FEE INCLUDES 1 ST DAY	DAILY FEE AFTER 1 ST DAY	PERMIT NO.	DATE ISSUED
		\$ 98.00	\$ 49.00		